

**In the United States District Court  
For the District of New Mexico**

FILED  
UNITED STATES DISTRICT COURT  
DISTRICT OF NEW MEXICO

19 FEB 11 AM 8:36

CLERK-ALBUQUERQUE

1mn

Anne Janan,  
Plaintiff,  
v.  
Donald Trump,  
In his capacity as U.S. President.  
The U.S. Electoral College,  
Defendants.

Summons in a Civil Suit

19cv49 KK/KBM  
MV

To The U.S. Electoral College  
700 Pennsylvania Ave N.W.  
Washington, DV 20408

A lawsuit has been filed against you.

Within 21 days after service of this summons (not counting the day you received it) or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) you must serve on the plaintiff or answer to the attached complaint or a motion under Rule 12 of the Federal Rules of the Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney are:

Anne Janan  
(505)304-5742  
4708Cutting N.W.  
Albuquerque, NM 87114

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You must also file your answer or motion with the court.

Dated: \_\_\_\_\_

1/18/2019

Deputy  
CLERK OF COURT

Jaco



AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) USELECTORAL COLLEGE  
 was received by me on (date) 1/30/19.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
 on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) USELECTORAL COLLEGE, who is  
 designated by law to accept service of process on behalf of (name of organization) (see Attached)  
US Electoral College on (date) 1/30/19; or

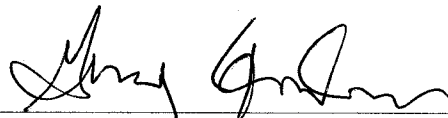
☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other (specify): \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 2/11/19


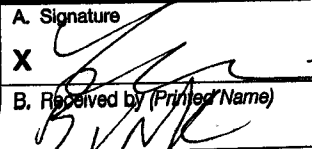



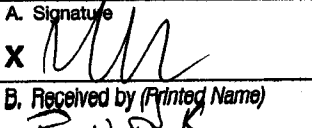
Server's signature

Gary Hennerson  
 Printed name and title

4708 Century NW ABC WM 87114  
 Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>The Electoral college 700 Pennsylvania Ave NW Washington DC 20408</p>  <p>9590 9402 4546 8278 4412 14</p> <p>2. Article Number (Transfer from service label)</p> <p>1030 0001 9694 5150</p>		<p>A. Signature</p> <p>X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>BUNK</p> <p>C. Date of Delivery</p> <p>1/30/19</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

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		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>	
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